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UTILITY PATENT APPLICATION TRANSMITTAL

Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

| | | |
|--|---|------------------|
| Attorney Docket No. | | C86.12-0005 |
| First Inventor or Application Identifier | | Yung-Liang Chang |
| Title | ADDRESSABLE TAP CAPABLE OF DETECTING NUMBERS OF TV SETS ONLINE TO WATCH CATV PROGRAMS | |
| Express Mail Label No. | | EV178023355US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

U.S. PTO
10/08/2014
17548
041904

- | | | |
|--|---|---|
| 1. <input checked="" type="checkbox"/> | *Fee Transmittal Form e.g., PTO/SB17) (Submit an original and a duplicate for fee processing) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix) |
| 2. <input checked="" type="checkbox"/> | Applicant Claims small entity status | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) |
| 3. <input checked="" type="checkbox"/> | Specification [Total Sheets 4] | a. <input type="checkbox"/> Computer Readable Copy |
| | (preferred arrangement set forth below - Descriptive title of the Invention) | b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or ii. <input type="checkbox"/> Paper |
| | - Cross References to Related Applications | c. <input type="checkbox"/> Statement verifying identity of above copies |
| | - Statement Regarding Fed sponsored R & D | |
| | - Reference to Microfiche Appendix | |
| | - Background of the Invention | |
| | - Brief Summary of the Invention | |
| | - Brief Description of the Drawings (if filed) | |
| | - Detailed Description | |
| | - Claim(s) | |
| | - Abstract of the Disclosure | |
| 4. <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. § 113) [Total Sheets 2] | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 5. <input type="checkbox"/> | Oath or Declaration [Total Sheets 2] | 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) |
| a. <input checked="" type="checkbox"/> | Newly executed (original or copy) | 11. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> | Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> | <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). | 13. <input checked="" type="checkbox"/> Preliminary Amendment |
| 6. <input checked="" type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| 18. <input type="checkbox"/> | If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation -in part (CIP) of prior application No: _____ / Prior application information: Examiner _____ Group/Art Unit: _____ | |

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE

Customer Number or Bar Code Label

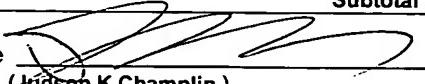
(Insert Customer No. or Attach bar code label here)

or Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|----------|--------------------|
| Name | Judson K. Champlin WESTMAN CHAMPLIN & KELLY | | | | |
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| City | Minneapolis | State | MN | Zip Code | 55402-3319 |
| Country | USA | Telephone | (612) 334-3222 | | Fax (612) 334-3312 |

| | | | |
|-------------------|---|-----------------------------------|--------------|
| Name (Print/type) | Judson K. Champlin | Registration No. (Attorney/Agent) | 34,797 |
| Signature |  | | Date 4/19/04 |

FEE TRANSMITTAL

| Complete if Known | | | | | |
|---|-------------|--------------|---|---|---|
| Application No. | | | | | |
| Filing Date | | | Herewith | | |
| First Named Inventor | | | Yung-Liang Chang | | |
| Title | | | ADDRESSABLE TAP CAPABLE OF DETECTING NUMBERS OF TV SETS ONLINE TO WATCH CATV PROGRAMS | | |
| Group Art Unit | | | | | |
| Examiner Name | | | | | |
| Total Amount of Payment \$ 385 | | | Atty. Docket Number C86.12-0005 | | |
| METHOD OF PAYMENT (Check One) | | | FEE CALCULATION (Continued) | | |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> . Westman, Champlin & Kelly, P.A. | | | | | |
| 2. <input checked="" type="checkbox"/> Charge Authorization Form PTO 2038 | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING FEE | | | | | |
| Large Entity | | Small Entity | | | |
| Fee | Fee | Fee | Fee | | |
| <u>Code</u> | <u>(\$)</u> | <u>Code</u> | <u>(\$)</u> | <u>Fee Description</u> | |
| 1001 | 770 | 2001 | 385 | <input checked="" type="checkbox"/> Utility Filing Fee | |
| 1002 | 340 | 2002 | 170 | <input type="checkbox"/> Design Filing Fee | |
| 1004 | 770 | 2004 | 385 | <input type="checkbox"/> Reissue Filing Fee | |
| 1005 | 160 | 2005 | 80 | <input type="checkbox"/> Prov. Filing Fee | |
| Subtotal (1) \$ 385 | | | | | |
| 2. EXTRA CLAIM FEES | | | | | |
| Number Claims | Prior** | Extra | Fee from Below | Fee Paid | |
| Total | 3 | 20 | 0 | 18 | 0 |
| Indep. | 1 | 3 | 0 | 86 | 0 |
| Multiple Dependent Claims | | | | | |
| ** Insert 3 and 20, or number previously paid if greater, Reissue see below | | | | | |
| Large Entity | | Small Entity | | | |
| Fee | Fee | Fee | Fee | <u>Description</u> | |
| <u>Code</u> | <u>(\$)</u> | <u>Code</u> | <u>(\$)</u> | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | |
| 1203 | 290 | 2203 | 145 | Multiple Dependent Claims | |
| 1204 | 86 | 2204 | 43 | Reissue Independent Claims over Original Patent | |
| 1205 | 18 | 2205 | 9 | Reissue claims in excess of 20 and over original patent | |
| Subtotal (2) \$ 0 | | | | | |
| Subtotal (3) \$ | | | | | |
| Signature  | | | Reg. No. <u>34.797</u> | | |
| Date <u>April 19, 2004</u> | | | Deposit Account No. <u>23-1123</u> | | |